

CITY OF LINCOLN
2005-2006 HEALTH, DENTAL, AND VISION MONTHLY RATES
EFFECTIVE NOVEMBER 1, 2005
EMPLOYEES REPRESENTED BY LCEA, M, E

COVENTRY

	<u>SINGLE</u>	<u>2/4-PARTY</u>	<u>FAMILY</u>
Full Rate	\$415.24	\$921.84	\$1,220.80
City Share	<u>\$394.48</u>	<u>\$774.36</u>	<u>\$1,025.48</u>
Employee Share*	\$ 20.76	\$147.48	\$ 195.32

AMERITAS DENTAL

	<u>SINGLE</u>	<u>2/4-PARTY</u>	<u>FAMILY</u>
Full Rate	\$ 27.46	\$ 54.62	\$ 81.78
City Share	<u>\$ 20.60</u>	<u>\$ 36.87</u>	<u>\$ 55.20</u>
Employee Share*	\$ 6.86	\$ 17.75	\$ 26.58

EYEMED VISION CARE

	<u>SINGLE</u>	<u>2-PARTY</u>	<u>4-PARTY</u>	<u>FAMILY</u>
Employee Share	\$ 8.38	\$ 15.92	\$ 16.76	\$ 25.14

There are four enrollment options available for health, dental, and vision coverage.
They are:

Single. Provides coverage for employee only.

Two-Party. Provides coverage for employee and spouse. This option does not provide coverage for children.

Four-Party. Provides coverage for employee and any number of eligible dependent children. This option does not provide coverage for a spouse.

Family. Provides coverage for employee, spouse, and any number of eligible dependent children.

*Must complete 90 days of employment before employee is eligible for City contribution.